



CERTIFIED SUMMARY OF FEDERAL SERVICE

Federal Employees Retirement System

U.S. Office of Personnel
Management

5 CFR Part 841

Information For Agency

Instructions for the Employee

1. A certified copy of this form must accompany the employee's *Application for Immediate Retirement* (SF 3107).
1. Your employing office will complete and certify this form for you.
2. This form may also be used:
 - for retirement counseling purposes
 - to respond to an employee's request for a record of creditable service.
2. Review this form carefully. Be sure it contains all of your service.
3. See the CSRS and FERS Handbook for Personnel and Payroll Offices (formerly FPM Supplement 830-1) for detailed instructions for completion and disposition of this form.
3. Complete Section E, Employee's Certification, and return it to your employing office.

Section A - Identification

1. Name of employee (<i>last, first, middle initial</i>)		8. Did this employee elect to transfer to FERS? <input type="checkbox"/> No <input type="checkbox"/> Yes → Give effective date of election
2. List all other names used (<i>maiden name, AKA, spelling variations</i>)		9. If Yes, is this employee entitled, according to your records, to have part of his/her annuity computed under CSRS rules? <input type="checkbox"/> No <input type="checkbox"/> Yes
		10. Does the applicant receive military retired pay? <input type="checkbox"/> No <input type="checkbox"/> Yes (<i>Attach a copy of the applicant's military retire pay order, if available, and complete 10b.</i>)
3. Date of birth (<i>month, day, year</i>)	4. Social Security Number	10b. If yes, has the applicant waived military retired pay to credit military service for FERS retirement? <input type="checkbox"/> No (<i>Includes cases where a waiver is unnecessary.</i>)
5. Other birth dates used	6. Military Serial Number	<input type="checkbox"/> Yes (<i>Attach a copy of the military finance centers' letter to the employee accepting waiver, if available.</i>)
7. Service computation date for retirement purpose		

Section B - Verified Service History Documented in Official Personnel Records

Federal Agency or Military Service Branch	Appointment, Separation or Conversion Dates for Civilian and Active Honorable Military Service		Name of Retirement System*	Remarks and Non-Creditable Time**
	From	To		

* Give details of creditable service not subject to retirement deductions in Section C.

** In Remarks, show if CSRS service on or after January 1, 1984, is "regular" CSRS or CSRS offset. Indicate if service is part-time. If service was performed on a WAE or intermittent basis, show the number of hours worked in "Remarks."

Section C - Detail of Civilian Service Not Subject to Contributory Retirement System for Civilian Federal Employees

Detail below (1) any period of Federal civilian service subject only to "FICA" deductions, and (2) any other Federal civilian service not subject to a Federal employee (or D.C. Government) retirement system. If total basic salary earned for any such period of service is known, a summary entry may be entered on the right hand side below. Otherwise, show each change affecting basic salary during the period of service. Show part-time tour of duty, if applicable. If part-time service is after April 6, 1986, also provide total number of hours employee worked during the period and show what full-time tour of duty would be. Service which was not subject to FERS or CSRS deductions is creditable only as specifically allowed by law.

Nature of Action (Appt., pro., res., etc.)	Effective date (month, day, year)	Basic salary rate	Salary basis (per annum, per hour, WAE, etc.)	Leave without pay	If basic salary actually earned is available make summary entry below		
					From (month, day, year)	To (month, day, year)	Total earned

Section D - Agency Certification

I certify that the information on this form accurately reflects verified information contained in official personnel and/or payroll records in the custody of this agency and that the retiring employee has sufficient service for an immediate annuity.

Signature of authorized agency personnel official		Agency name and address, including ZIP code, and telephone number, including area code.
Official title	Date	

Section E - Employee's Certification

<input type="checkbox"/>	The service listed is complete.
<input type="checkbox"/>	I have additional service. <i>(If you claim additional service, attach signed statement giving dates, position, title and location of employment, including agency, bureau and division. Claimed service cannot be credited for retirement until it has been verified, including unverified service listed on an SF 144, Statement of Prior Federal Civilian and Military Service, or similar affidavit.)</i>
<p>Note: If you have performed Federal civilian service subject only to social security deductions (FICA) or not subject to retirement deductions, be sure that your agency has correctly completed Section C above.</p>	
Signature (do not print)	Date